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**DECLARATION  
AND  
POWER OF ATTORNEY  
FOR UTILITY OR DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

☐ Declaration Submitted with Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (Surcharge (37 CFR 1.16(e)) required)

Attorney Docket Number	ORT-1373
First Named Inventor	Gary A. Shangold et al.
<b>COMPLETE IF KNOWN</b>	
Application Number	09/782,420
Filing Date	February 13, 2001
Group Art Unit	1614
Examiner Name	

**As a below named inventor, I hereby declare that:**

My residence, mailing address, and citizenship are as stated below next to my name.  
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**TRIPHASIC ORAL CONTRACEPTIVE**  
(Title of the Invention)

the specification of which

☐ is attached hereto

**OR**

☒ was filed on (MM/DD/YYYY) **2/13/2001** as United States Application Number or PCT International Application Number **09/782,420** and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

**JUN 20 2001**

# **DECLARATION - Utility or Design Patent Application**

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	
60/113,394	12/23/98	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

Application Serial No.	Filing Date	Status
09/328,764	6/09/99	Pending Patented Patented

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☒ Practitioners at Customer Number **000027777** →

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**AND**

☐ Practitioner(s) named below:  
Name Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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Direct all correspondence to: ☒ Customer Number **000027777** OR ☐ Correspondence address below

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Address:

City:

State:

ZIP

Country

Telephone:

Fax:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any)) Gary

Family Name  
or Surname Shangold

Inventor's  
Signature

Date

Residence: City Califon

State NJ

Country USA

Citizenship USA

Mailing Address 44 Laurel Moutain Way

City Califon

State NJ

ZIP 07830

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any)) Arkady

Family Name  
or Surname Rubin

Inventor's  
Signature

Date

Residence: City Brooklyn

State NY

Country USA

Citizenship USA

Mailing Address 1530 East 19th Street, Apt. 4H

City Brooklyn

State NY

ZIP 11230

Country USA

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name  
(first and middle (if any)) David

Family Name  
or Surname Upmalis

Inventor's  
Signature

Date

13-JUNE-2001

Residence: City Newtown

State PA

Country USA

Citizenship Canadian

Mailing Address 108 Beaumont Dr

City Newtown

State PA

ZIP 18940

Country USA



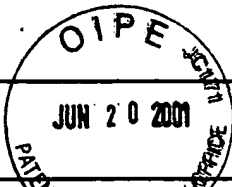
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	Application Number	09/782,420			
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AND

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NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Ganga

Family Name

or Surname Shangold

Inventor's  
Signature

Date

Residence: City Califon

State NJ

Country USA

Citizenship USA

Mailing Address 14 Laurel Moutain Way

City

Califon

State NJ

ZIP 07830

Country USA

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NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) Arkady

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Signature

Date

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NAME OF THIRD INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name

(first and middle [if any]) David

Family Name

or Surname Upmalis

Inventor's  
Signature

Date

Residence: City Newton

State PA

Country USA

Citizenship Canadian

Mailing Address 51 Declaration Dr.

City

Newton

State PA

ZIP 18940

Country USA



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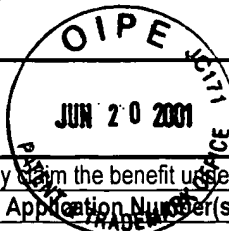
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Family Name

or Surname Shangold

Inventor's  
Signature

Date

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